

Post Office Box 7540  
Mountain View, CA 94039  
finance@ci.mtnview.ca.us

# BUSINESS LICENSE

**This application must be filed with the Finance and Administrative Services Department and the applicable Business License Tax paid prior to the commencement of the Business.**

Business Name		Business Address (Include Zip Code)			
Mailing Address (If other than Business Address)		Business Telephone		Business Fax Number	
Nature of Business		Multiple Housing Units	Number of Employees	Fed. Tax I.D. or Soc.Sec. Number	
Name of Owner of Business		Date Business Started (In Mountain View)		State Sales Tax Number	
Home Address of Owner		Contact Person		Contact Person's Phone Number	
Home Telephone	Type of Ownership: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> LLC <input type="checkbox"/> LLP	SIC Code		MV Code	
Business e-mail		18		-	

**THIS INFORMATION IS NOT A COMPLETE LISTING OF CLEARANCES THAT MIGHT BE REQUIRED**

1. If you intend to alter, remodel, relocate or install any structural, electrical, plumbing or mechanical portions of the building, you will need to obtain Building Permits from the Building Division of the Community Development Department at (650) 903-6313.
2. Businesses involving any use changes, exterior building changes or sign changes are advised to secure Community Development Department approval prior to lease execution or purchase. Contact the Community Development Department at (650) 903-6306.
3. Businesses operated out of the home must comply with Home Occupation Regulations (Sec. A36.42.100 of the City Code) and obtain approval from the Code Enforcement Division of the City Attorney's Office at (650) 526-7713. \_\_\_\_\_ Code Enforcement Approval
4. If you intend to serve food or beverages on the premises, you must obtain approval from the Santa Clara County Health Department. For information, call (408) 737-1018. \_\_\_\_\_ Health Certificate Number
5. If your business uses or stores hazardous materials (including paints, thinners, solvents, acids, compressed gases, etc.), you may be required to obtain a Hazardous Materials Permit from the Fire Department. **NOTE:** Certain hazardous materials and processes such as spray-painting, welding, etc., are NOT ALLOWED in certain buildings. Contact the Fire Department at (650) 903-6378 for information on permitted uses within the City.
6. Industries discharging processed wastewater down the sewer, such as machining fluid, water from glass washing, chemical neutralization, etc., may be required to obtain a Wastewater Discharge Permit from the Fire Department. For more information, call (650) 903-6378.
7. Police Department approval is required for live entertainment, gaming, massage establishments and out-call massage services. For more information, call (650) 903-6350. \_\_\_\_\_ Police Department Approval
8. If there is a change of ownership, business name or location, you are required to obtain a new business license and are subject to any associated fees and approvals.

**NOTICE: I understand that payment of this business tax does NOT represent approval of my use/business with respect to zoning, County Health Department approval, hazardous materials use or storage, waste water discharge or any other requirement. Further, I recognize that it is my responsibility to secure appropriate clearances and that it is advisable for me to secure such requisite approvals prior to establishing this business and paying this business tax.**

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

☐ **FOR CONTRACTORS**

I herewith certify that I have been licensed pursuant to the provisions of Chapter 9 of Division 3 of the Business and Professions Code of the State of California and that my license is in full force and effect.

License Number \_\_\_\_\_

Signature \_\_\_\_\_

☐ **FOR HOME OCCUPATIONS**

I am aware of the nine restrictions on "Home Occupations" per Sec. A36.42.100 of the City Code and will conform thereto if this license is granted.

Signature \_\_\_\_\_

**FOR OFFICE USE**

☐ Home Occupation                      Business Class Code \_\_\_\_\_                      Business Termination Date \_\_\_\_\_

Date Paid \_\_\_\_\_ Amount Paid \_\_\_\_\_ Receipt No. \_\_\_\_\_ Cashier \_\_\_\_\_

Fee \_\_\_\_\_ BID 1 \_\_\_\_\_ BID 2 \_\_\_\_\_ Total Paid \_\_\_\_\_

DISTRIBUTION:    White - Finance                      Yellow - Fire Department                      Pink - Applicant

**BUSINESS LICENSE INFORMATION IS PUBLIC RECORD**